

STAKEHOLDER ADVISORY COMMITTEE
DRAFT RECORD OF TENTATIVE* RECOMMENDATIONS
PRESENTED AT OCTOBER 3, 2007, 2007 MEETING

A. Strongest Recommendation – Consensus

Health Care

1. **Primary Care Facility** The development of the site should facilitate the development of the primary care clinic(s), on or off site.
2. **Primary Care Facility Payer Mix** The primary care clinic would accept all patients in need of service without regard to payer source.
3. **Primary Care Facility Services** – In addition to the normal range of primary care services, the clinic should include a clinical laboratory and x-ray capabilities.
4. **Urgent Care Facility** The development of the site should facilitate the development of urgent care clinic(s), on or off site.
5. **Urgent Care Facility Payer Mix** The urgent care clinic would accept all patients in need of service without regard to payer source.
6. **Urgent Care Facility Referrals** – The referrals for specialty care and inpatient care should not distinguish between sources of payment.
7. **Primary/Urgent Care Sponsorship** - the urgent care center and the primary care clinic should be under the same sponsorship/operated jointly, to enable efficient use of ancillary services, such as lab and x-ray
8. **Joint City County Taskforce** - A formal committee or group comprised of City, County, and stakeholders (including all the major health care providers; Regional, O'Connor, Kaiser, Valley Medical, etc.) should be formed to work collaboratively on health care issues facing the downtown and the City. The work of this group would be coordinated with and informed by the general plan update (see below)
9. **General Plan Update.** The General Plan update should be expanded to include recommendations for health care/health care facilities/site to 2040. The question of best site(s) for future hospital/medical uses should be addressed as part of the General Plan update and should look at both the downtown, with a growing and aging population, as well as other growth areas in the city including North San Jose and Coyote Valley.

Land Use

10. **Single Family Infill** - The land currently used for the parking lot on the north side. St John Street between 15th Street and 16th Street should be developed with detached single family homes
11. **Parking Demand** - The new parking demand generated by the development should be appropriately accommodated on site with a minimum of surface parking;
12. **Structured Parking** - Any structured parking should be designed to fit within the site and neighborhood context.
13. **Santa Clara Urban Form** - The largest/most urban scale buildings should be along Santa Clara Street.
14. **Building Massing Step Back** - The size and mass of the buildings should step back as they transition from Santa Clara to St. John Street. e.g. higher urban density along Santa Clara, more moderate urban density in the middle of the site and lower density, along St. John Street.

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15. **Fire Station #8 Relocation on Site** - If Fire Station #8 is relocated on site it should face Santa Clara Street, and could be co-located with other medical uses.
16. **Parks Improvements** - Parks improvements accompanying the development should connect the site to existing trails and parks such as Coyote Creek Trail and the new Roosevelt Community Center. The site does not necessarily need large open space of its own.
17. **Walkability** - The site should be walkable and pedestrian oriented.
18. **Cut Through Traffic** - Vehicle traffic should not be able to cut through the entire site; i.e. bike and pedestrians through, cars not.
19. **Reuse of adjacent Medical Office Buildings** - Priority for any Medical Office Building is reuse of existing Medical Office Buildings along East Santa Clara Street (e.g the Medical Office Building at 25 N 14th Street)
20. **Parking Structure Location** : There should be no large parking structures along E. St John
21. **Parking Structure Design**: Any parking structures should be designed so that they are not monolithic (e.g. wrapped with other uses, ground floor retail, good design, etc)
22. **Retail/Commercial Minimum Square Footage** should be part of the development along Santa Clara Street (some X minimum amount of square footage should be required to be neighborhood serving retail)
23. **Retail/Commercial Urban Form** development should be urban in form, ideally vertically mixed with other uses above (i.e. *not* stand alone “power center” type retail, with large amounts of surface parking)
24. **Block Pattern** - The original traffic grid/block pattern should be restored (But not to through traffic)
25. **Ancillary Properties**: Parking lots owned by HCA on the north side of the main property should be restored to single family residential use.

Other

26. **Bridge Retrofit/Replacement** - The bridge(s) across Coyote Creek at Santa Clara and XX that provide connections between downtown and the east side should be seismically retrofitted/replaced to allow emergency vehicle access in case of earthquake. (verify)

B. Strong Recommendation – Near Consensus

27. **Fire Station Locational Preference** - The Fire Station location should be based on fire operational needs rather than located on the SJMC site just because land may be available.

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C. Recommendation – General Agreement

- 28. **Gardner Facility** The development of the site should facilitate establishing a Gardner Health Network facility.
- 29. **Design – Historic** If a residential use is approved, those most closely adjacent to existing residential uses, should reflect and extend design elements of the historic homes in the area (similar to the design effort for the development behind Walgreens at 17th and Santa Clara).
- 30. **Special Opportunity** This property represents a special development opportunity for San Jose and as such, should be a model of unique and excellent urban design regardless of use.

D. Community Support Recommendation – Property Owner Objection but Majority Support of other Stakeholders

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E. Additional Proposals for Consideration

Commitment of any Primary Care/Urgent Care Clinic Operator

- 31. **Living Wage** Provide a living wage to employees.
- 32. **Wages and Benefits** Provide wages and benefits that are competitive with comparable community health clinics.
- 33. **Health Benefits** Provide affordable health benefits that are competitive with comparable community health clinics.
- 34. **Management** Provide opportunities (both formal and informal) for staff to work with management on issues affecting the work place, including staffing levels applicable to the healthcare provider's industry (community health clinics).
- 35. **Quality of Care** Provide mechanisms in place for understanding and addressing quality of care issues. (For example, A collective bargaining agreement would fully satisfy this criteria)

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- 36. **Land Value** allow the remainder of the site (not needed for Primary/Urgent Care facilities) to divert to uses consistent with a land value that would enable the owner to provide a sufficient subsidy to support the clinic's development.
 - 37. **Mixed Use (Residential and Retail)** - The portion of the site not designated for Health Care should be developed as a mixed use development with Residential and Retail uses.
 - 38. **Retail/Commercial Maximum Square Footage** The maximum amount of retail square footage should be up to 80,000 square feet as determined by market considerations, as long as the form of the retail conforms to the design recommendations for the site (i.e. mixed use, no monolithic parking, etc.)
 - 39. **Health Care v. Fire Station Relocation** - A Primary/Urgent Care Facility is a higher priority than the relocation of the Fire Station.

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- 40. **Tot Lot** - Incorporate a neighborhood accessible tot -lot in the design.
 - 41. **Landscaping** - Incorporate lush landscaping through out. Don't let "hardscape" be the predominant exterior feature.
 - 42. **Traffic Calming** - Plans for development of this property should include significant traffic calming to control speed and primary routes of additional trips generated.
 - 43. **St. John Street Closure** - Implement previously approved St. John Street closure (Hospital Planned Development) to allow for additional green/pedestrian

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- 44. **Stakeholder Advisory Committee for Development** - Form a stakeholder advisory committee to work with the developer and appropriate city agencies regarding design as well as parking and traffic mitigations.
- 45. **Retail Limit** - Limit the size of retail to x square feet to avoid creating a major regional shopping center which would generate too large a traffic impact. e.g. The retail along Santa Clara and the Alameda that includes Seven Restaurant and Riga bakery is the right scale. A new Super market, or Santana Row, would not be.
- 46. **Open Communities** Avoid creating walled communities; amenities should be shared where ever possible to create an extension of the community rather than a separate one.
- 47. **IBM Building** Do not preserve the old IBM building as there is very little architecturally redeeming about the structure and it does not fit well with preferred uses for the site.
- 48. **Height Limit** Limit height for mixed use residential along Santa Clara to x stories above ground. (discussion point is 6 stories max better if it ends up being wider, or is 10 stories preferred if it is a narrower tower configuration?).

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- 49. **Identification of Hospital Site-** Over the next 18 months the City and County should identify the site for a future Hospital to serve the needs of Downtown and North San Jose.
 - 50. **No Reservation of Land for Hospital on Site** – Beyond the land required for a Primary/Urgent care facility, no land should be set aside or reserved on the Site for a future Hospital.
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- 51. **Downtown Hospital Site** – An potential site(s) for Hospital Downtown (or in North San Jose) of X acres should be identified at Y location. The Joint City-County Task Force should be established at the time the site is selected, to guide development of the future hospital.
- 52. **Specialty Care** - While including specialty care would be beneficial to the community, especially the elderly and chronically ill, establishing a multi-specialty group is a major undertaking.
- 53. **Medi-Cal and Regional** The City of San Jose exert maximum pressure on Regional Medical Center to negotiate and execute fee-for-service and managed-care Medi-Cal contracts.

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F. Not Recommended – Potential Community Support Recommendation

54. **Multi-disciplinary Healthcare Facility** The development of the site should facilitate the development of a large scale multi-disciplinary healthcare facility. [The term “clinic” referred to in another recommendation is not a strong enough definition of the scale of facility desired. Many new multi-disciplinary healthcare facilities that include primary care, urgent care, surgery, sub-specialties, lab, etc are under construction in the Bay Area and the growing downtown of one of the nations largest cities should offer similar medical care options for its citizens]
55. **Zoning Public/Quasi Public** Zoning at the site should remain public/quasi public healthcare. [There is no compelling reason to build housing at the site and evidence to date points to few options for alternate sites in Central San Jose for large scale medical uses.]
56. **Zoning Historical Use** The historical use of the site and value as a community asset should be strongly weighed in considering any zoning changes.
57. **Long Term Planning.** Uses for the site should be considered based on long term planning (10 to 50 years) and possible insurance and healthcare reforms and not strictly on the current state of the market.
58. **Demolition.** Building at the site could be reused for purposes other than hospital. In any event, demolition should be deferred until the next use at the site is approved by the City Council.